

D.A.R.E. America Inter/Intra Regional Request for Training or Policy Waiver

AGENCY/APPLICANT INFORMATION (Please type or print clearly)

Applicant's Name:	Phone Number:	Cell Phone Number:	
Agency/Department:			
Mailing Address (street, city, state, zip)			
E-Mail Address			Fax Number:
Type of Training Requested: <input type="checkbox"/> DOT <input type="checkbox"/> MOT <input type="checkbox"/> Middle School <input type="checkbox"/> Senior High <input type="checkbox"/> Community Programs <input type="checkbox"/> Other			
Location of Training Center Providing Training:		Dates of Training:	
Number of Years as a Full Time Certified Police Officer:	Number of DARE Elementary Semesters Taught	Number of DARE Elementary Classes Taught:	Date Last Taught DARE:
Justification for requested training:			
Justification for requested Policy Waiver:			
Authorized Agency Representative Signature:			Date:

REQUESTING AGENCY'S STATE D.A.R.E. COORDINATOR RECOMMENDATION

<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	State Coordinator's Signature	Date:
---	-------------------------------	-------

STATE TRAINING CENTER OF PROPOSED TRAINING

<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	State Training Center Director's Signature:	Date:
---	---	-------

REGIONAL DIRECTOR'S APPROVAL

<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Regional Director's Signature:	Date:
---	--------------------------------	-------